Revised 08/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

610 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

For office use only	
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A Department of Human Rights		
ome of Denartment of Office Dos M	Des Moines, 1A 50319 City, State, Zip Code	
alling Address City,	State, Zip Couc	
515-281-4080		
NTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE		
NTACT PERSON FOR REON 13.		
Sonia Reycs-Snyder		
lame	City, State, Zip (if different from above)	
Mailing Address (if different from above)		
sonis reyes-snyder@iowa.gov	Area Code & Telephone Number (if different from above)	
Email Address	and the state of t	
Name 4618 Ashcraft Ct Davcnport, IA 52806-3642 City, State, Zip Code Area Code & Telephone Number Email Address (optional) 1	12/29/17 Date of Gift or Bequest "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00",	
Provide a description of the gift or bequest and purpose thereof: Donation to the General Fund - Latino Affairs - 0186	5-LADN-99	
Criteria to use this form: Receipt of any glift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.	

Statement of Affirmation: Sonia Reyes-Snyder affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

January 9, 2018

Signature

Date